

VERIFICATION OF CALIBRATION REPORT
Of Data-Master cdm Breath Test Instrument
State of Alaska
Scientific Crime Detection Laboratory -- Statewide Breath Alcohol Program

Data-Master cdm S/N: 130296

Supervisor/Operator Performing the Verification Procedure:

Name John J. Waldron ID: # 3392 Date: 05/06/10

A.

Agency Unalaska Department of Public Safety Phone 907-581-1233

Instrument Location Unalaska Department of Public Safety, PO Box 370, 29 Safety Way, Unalaska, AK 99685

Alco S/N: 78966 Target Value: .082 High Pressure: 800

B.

Alco Test Values

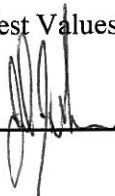
.085

1st Test Value

.086

2nd Test Value

Signature



CB
5/24/10

(OVER)

(Do not write in the area below)

I, Nita J. Bolz, after being first duly sworn, depose and state as follows:

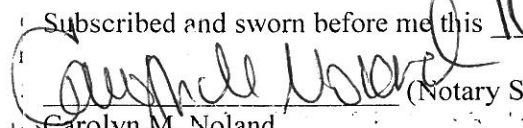
- (1) I am a Forensic Scientist IV at the State of Alaska Scientific Crime Detection Laboratory.
- (2) The Alaska Scientific Crime Detection Laboratory is an entity within the Department of Public Safety.
- (3) I am the Scientific Director of the State Breath Alcohol Program.
- (4) In that capacity, I am responsible for overseeing the breath alcohol program, including assuring that persons responsible for verifying the calibration of instruments are properly trained and qualified. I also am responsible for maintaining the records of the program.
- (5) The attached verification is a true and accurate verification of calibration that reflects a regularly conducted and regularly recorded activity of the breath alcohol program performed by a person trained and qualified to conduct the verification.
- (6) The referenced instrument is certified for evidentiary use in the State of Alaska.


Nita J. Bolz

Scientific Director

State Breath Alcohol Program

Subscribed and sworn before me this 10th day of June, 2010.


Carolyn M. Noland

Notary Public, State of Alaska

Commission Expires with Office

(Notary Seal Stamp)



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Of Data-Master cdm Breath Test Instrument
State of Alaska
Scientific Crime Detection Laboratory -- Statewide Breath Alcohol Program

Data-Master cdm S/N: 130296

Supervisor/Operator & Number Performing the Verification Procedure: John J. Waldron, #3392
Department and Date: Unalaska DPS,

(CONTINUED FROM FRONT PAGE)

**C. TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE
DIAGNOSTIC CHECK IN THE MARKED BOXES.**

NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY
DATAMASTER cdm 130296

MAY 06, 2010

OPERATOR'S NAME:

WALDRON/JOHN/J

OPERATOR'S NUMBER: 3392

SUBJECT'S LAST NAME:

UOC

SUBJECT'S FIRST NAME/MI :

UOC

O.L. #: 0123456789

DEPT/AGENCY: UNK1

CASE/REPORT: 10-00000

TEST TYPE: U

ALCO TARGET VALUE: .082

ALCO S/N: 78966

--- BREATH ANALYSIS ---

.082 ADJUSTED FOR 30.46 in		
ALCO TARGET	.083	02:53
BLANK TEST	.000	02:54
INTERNAL STANDARD	VERIFIED	02:54
ALCO TV 30.46 in	.085	02:54
BLANK TEST	.000	02:55
SUBJECT SAMPLE	.000	02:55
BLANK TEST	.000	02:56
ALCO TV 30.46 in	.086	02:57
BLANK TEST	.000	02:57

DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY
DATAMASTER cdm 130296

MAY 06, 2010

TIME 02:59

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM: OKAY

SOFTWARE DATE: 02/20/01

HEATERS

SAMPLE CHAMBER: 48c

BREATH TUBE: 41c

BAROMETER: 30.46 in

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

!"#\$%&'()*+,-./0123456789:;<=>?@ABCDEFGHI
HIJKL MNOPQRSTUVWXYZ[\]^_`abcdefgijklmnop
qrstuvwxyz{|}~